

County Medical Association Committee, Dr. William H. Kiger, was given authority to have the bill presented to the Legislature. This bill will take the place of Assembly Bill 246, which was enacted by the previous legislature, and contains provisions which the State Insurance Commissioner feels will add to its value and safeguards.

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Other Proposed Laws.—Six skeleton bills to amend Medical Practice Act:

Among other items of proposed legislation, it may be of interest to note that one assemblyman has introduced a half-dozen "skeleton bills" to amend the Medical Practice Act; the entire texts of which measures, at the time of this writing, contain nothing more than the meager language:

An act to amend Chapter 5 of the Business and Professions Code, relating to the practice of medicine and surgery, and other modes of treating the sick or afflicted.

The people of the State of California do enact as follows:
1 Section 1.

What this assemblyman proposes later, on behalf of himself and friends, to insert in his array of measures, remains to be seen!

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Clinical Histories of Patients No Longer Confidential(?):

Assembly Bill No. 385 is not long, and will probably shock most physicians and hospitals, who are prone to look upon history records as confidential communications. It is a joint presentation of seven assemblymen; and because of its comparative brevity, it is here printed in full:

ASSEMBLY BILL No. 385

Introduced by Messrs. Clark, Peek, Hornblower, Lore, Pelletier, Hawkins, and Rosenthal
January 13, 1937

Referred to Committee on Hospitals and Asylums

An act to add section 10½ to the Workmen's Compensation, Insurance and Safety Act of 1917, relating to records of persons receiving compensation thereunder.

The people of the State of California do enact as follows:

SECTION 1. A new section is hereby added to the Workmen's Compensation, Insurance and Safety Act of 1917, to be numbered Section 10½ and to read as follows:

Sec. 10½. All records of any hospital, clinic, sanitarium, physician, surgeon, or other person or institution in respect to services rendered to any person under the provisions of Section 6 of this Act, including but not restricted to x-rays and histories of injuries and diagnoses, shall be exhibited to the patient and to any person authorized in writing by him to examine the same. Any such person or patient shall be permitted to make copies of such records, including, but not restricted to, photostatic copies. Violation of any of the provision of this section shall constitute a misdemeanor.

* * *

Assembly Bill No. 384, a bill couched almost in the same language, is entitled:

An act to add Section 4055.5 to the Labor Code, relating to records of persons receiving compensation thereunder.

The people of the State of California do enact as follows:

* * *

False Advertising by Radio:

Then there is Assembly Bill No. 288 which, if enacted, may apply to some of the atrocious mis-

representations so frequently heard in radio broadcasts concerning curative agents. It is entitled:

An act to add Section 654d to the Penal Code, relating to false advertising by radio, and providing penalties for the violation thereof.

The people of the State of California do enact as follows:

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Milk Production and Distribution:

Two bills having to do with milk (Heisinger Assembly Bill 50 and Thorp Assembly Bill 77) are commented upon by Dr. J. C. Geiger in the Letters department of this issue. (See page 132.)

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Pay Patients in County Hospitals:

Assembly Bill No. 51, introduced by Mr. Heisinger, has been referred to the Committee on County Government, its short title being "County Hospitals Admission Amendment." It would permit a county board of supervisors to "provide for the admission of pay patients to the county hospital."

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Narcotic and Other Measures:

Among other bills are several which deal with narcotic regulations, the licensing of clinical laboratory technologists and technicians, and various public health matters.

These and other proposed laws will receive comment in later issues of the OFFICIAL JOURNAL.

A NATIONAL DEPARTMENT OF PUBLIC HEALTH

The Effort Twenty-five Years Ago.—About twenty-five years ago considerable effort was made by the medical profession throughout the country to secure the enactment of legislation that would provide for an additional department—that of Public Health—to be represented in the cabinet of the President of the United States. Those endeavors, however, made very little impression upon Congress or the lay public. As a matter of fact, the attempt brought such a disheartening response that some who had enlisted in the cause came to the conclusion that it was a proposition almost permanently hopeless.

In the same issue of the OFFICIAL JOURNAL,* in which these comments appear, is also printed a paragraph written twenty-five years ago by the late Philip Mills Jones, as follows:

Owen Bill.—A number of requests for a copy of the last Owen bill to create a Department of Public Health have been received, and as the matter is of the greatest importance to public health, the *Journal* elsewhere in this issue, prints the bill in full. It will probably be some time before the Congress will enact any law of this nature, and it is quite possible that when such a law is finally passed it will differ somewhat from the present proposed measure. . . . California State Journal of Medicine, Vol. X, No. 2, February, 1912.

* * *

Different Attitude With Changing Times.—However, times have changed, and with the social unrest of the past few years, a shift of view has

* See Twenty-five Years Ago department, on page 144.

taken place, and given rise to a movement to bring into existence not one, but two or more new administrative departments in the national government, each to include bureaus doing work in associated fields, but which, at the present time, have places in departments far apart in their basic organization and activities.

* * *

Recent Action of the American Medical Association Trustees.—In January, at a special meeting of the Board of Trustees of the American Medical Association, that body adopted the following resolutions worthy of the thought of every licensed physician and surgeon:

Recognizing that committees of the Senate and of the House of Representatives of the United States Government, and a special committee appointed by the President are at this time concerning themselves with the reorganization of government activities with a view to greater efficiency and economy, and recognizing also that the President, in his opening address to Congress, indicated that he would shortly present to the Congress recommendations for such reorganization of governmental activities in the executive branches, and recognizing, moreover, the great desirability that all activities of the Federal Government having to do with the promotion of health and the prevention of disease might with advantage be consolidated in one department and under one head, the Board of Trustees of the American Medical Association would recommend that such health activities as now exist be so consolidated in a single department which would not, however, be subservient to any charitable, conservatory or other governmental interest. It has been repeatedly said that public health work is the first problem of the State. It is the opinion of the Board of Trustees that health activities of the Government, except those concerned with the military establishments, should not be subservient to any other departmental interests. This reorganization and consolidation of medical departments need not, under present circumstances, involve any expansion or extension of governmental health activities, but should serve actually to consolidate and thus to eliminate such duplications as exist. It is also the view of the Board of Trustees that the supervision and direction of such medical or health department should be in the hands of a competently trained physician, experienced in executive administration.

In which statement we would call particular attention to the words:

"... the Board of Trustees of the American Medical Association would recommend that such health activities as now exist be so consolidated in a single department which would not, however, be subservient to any charitable, conservatory, or other governmental interest."

* * *

County Medical Society Resolutions.—In resolutions, which later may be considered by component county societies of the California Medical Association, the above requisites should always be emphasized. We must all acknowledge that the experiences of the last several years, in California and other states of the Union, have amply and repeatedly demonstrated to physicians the real and serious danger to high standards of medical practice when lay theorists—whether professors of economics, statisticians, directors of foundations, advanced social-service workers, or paid or free-lance propagandists—are given positions of responsibility in which they have direct or indirect supervision over the professional work of physicians and surgeons.

A National Department of Public Health With Its Secretary in the President's Cabinet Is Needed.—The United States of America needs very much a national Department of Public Health, having as its head "a competently trained physician, experienced in executive administration"; but it would be a deplorable error to link up the United States Public Health Service, and other affiliated agencies in preventive and curative medicine, with social welfare and similar groups; which, because of more intimate contacts with political influences, would be almost certain to warp and handicap real progress in work for the national public health.

* * *

California Medical Association Council Is in Accord With the American Medical Association Policy.—In view of the action taken by the Board of Trustees of the American Medical Association* (with which the Council of the California Medical Association is in full sympathy), it is quite in order for every component county society to pass proper resolutions, to be sent to Senators Hiram Johnson and William McAdoo, and to the congressmen of their respective districts, with an explanatory letter of transmittal asking coöperation and support for a national Department of Public Health organized along lines as above indicated. Members or committees in component county societies, therefore, who are interested should confer with one another and draw up such resolutions to be presented at early meetings. If preliminary drafts of resolutions are sent to the Association Secretary, he will be glad to advise and suggest. In any case, copies of resolutions, with the names of senators and congressmen to whom they have been sent, should be forwarded to the Central Office of the Association, at San Francisco.

"SECURITY FOR THE DOCTOR MEANS INSECURITY FOR THE PATIENT"

President of Medical Society of State of New York Speaks.—A newspaper item which recently appeared in the *Syracuse Herald*, containing excerpts from an address by Dr. Floyd B. Winslow, president of the Medical Society of the State of New York, has been called to our attention. Doctor Winslow's incisive remarks are worthy of perusal and are submitted for the consideration of the readers of CALIFORNIA AND WESTERN MEDICINE. Quotations follow:

Dr. Floyd B. Winslow of Rochester, President of the Medical Society of the State of New York, is assailing attempts to "foist" compulsory sickness insurance in this country.

In a speech to 150 physicians gathered in annual convention from seven upstate counties, Doctor Winslow said:

"Security for the doctor means insecurity for the patient."

He characterized as socialized medicine certain plans being promoted for compulsory sickness insurance.

"The advocates of these measures," he said, "lure the profession with the siren song of bureaucratic jobs, as—

* See *Journal of the American Medical Association*, January 16, 1937, page 208.